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**Political Organization
Notice of Section 527 Status**

OMB No. 1645-1693

Department of the Treasury
Internal Revenue Service

General information

1 Name of organization FRIENDS OF CHRIS McCABE	Employer identification number 52 1411658
2 Mailing address (P.O. Box or number, street, and room or suite number) P. O. Box 59	
City or town, state, and ZIP code City of New York, NY 100-0000	

CLARKSVILLE MD 21029

3. E-mail address of organization

4a. Name of custodian of records _____ **4b. Custodian's address** _____

3945 HEALTH STONE ROAD

BENJAMIN COBURN

ELLCOTT CITY MD 21042

Se Name of contact person _____ **Sb Contact person's address** _____

LILY BENSFORT P.O. Box 39

CLARKSVILLE MD 21039

6 Business address (if different from mailing address shown above). Number, street, and room or suite number.

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PURPOSE
7. Describe the purpose of the organization.

COLLECT AND DISBURSE FUNDS FOR
THE POLITICAL CAMPAIGN OF CHRIS McCABE.

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Form 2079 F-2003

Part 2

List of All Officers, Directors, and Highly Compensated Employees (see instructions).

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

It is true, correct, and complete.
► Benjamin Cohen, Treasurer
Signature of authorized official

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